

<b>Case Number:</b>	CM15-0221745		
<b>Date Assigned:</b>	11/17/2015	<b>Date of Injury:</b>	12/16/2011
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	10/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, California

Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 39 year old male with an industrial injury date of 12-16-2011. Medical record review indicates he is being treated for sacroiliitis of the bilateral sacroiliac joint-progressing, lumbar sprain-strain, lumbar paraspinal muscle spasms-severe, lumbar radiculitis-radiculopathy of the lower extremities and chronic pain. Subjective complaints included progressive pain over bilateral buttocks radiating to posterior and lateral aspect of the thighs with numbness and tingling progressively increasing in severity. The pain is rated as 9 out of 10. He also complained of low back pain and limited range of motion of the lumbar spine with tingling and numbness to the legs. Physical exam noted normal gait with tenderness to lumbar paravertebral muscles and low back pain with motion. Palpation over bilateral sacroiliac joint reproduced sharp shooting pain down the posterior and lateral aspect of bilateral thighs. Straight leg raise were "severe" positive in both the seated and supine positions. Medications in the 07-15-2015 and 09-23-2015 treatment note are documented as topical medications, oral Gabapentin and Omeprazole. Prior treatments included physical therapy, acupuncture, lumbar epidural injections and medications. Other medication list include Norco, Robaxin, Zofran, Dilaudid and Ibuprofen. The treating physician documented the following: "The patient is a chronic pain management patient and narcotic dependent with a history of fibromyalgia." The treating physician also noted the injured worker had signed a Narcotic Medication Agreement. In the 07-15-2015 note the treating physician documented: "I am requesting a routine urine drug screen on follow up visits." Review of submitted medical records did not indicate a urine drug screen or results. On 10-13-2015 the request for urine drug toxicology was denied by utilization review.

## IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Urine drug toxicology:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, Pain (updated 12/02/15) Urine drug testing (UDT).

**Decision rationale:** Urine drug toxicology. Per the CA MTUS guideline cited above, drug testing is "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." Per the guideline cited below, drug testing is "The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment." Frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument. Patients at moderate risk for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. As per records provided medication lists Norco, and Dilaudid which are controlled substance. It is medically appropriate and necessary to perform a urine drug screen to monitor the use of any controlled substances in patients with chronic pain. The request for Urine drug toxicology is medically appropriate and necessary in this patient.